

EDITORIAL

Ethics

Emergency care for undocumented immigrants

Whether in the prehospital environment, a rural emergency department, or the ED of a major urban tertiary hospital, the emergency care patient population likely includes individuals from a range of social backgrounds, including unauthorized immigrants (UI). UI (broadly defined as those individuals who lack legal documentation or authorization for entry to or continued residence in a country) in the United States face unique challenges when in need of healthcare services and often rely on emergency physicians for medical care.

In this issue of *JACEP Open*, Brenner et al, on behalf of the American College of Emergency Physicians (ACEP) Ethics Committee, present "Ethical Issues in the Access to Emergency Care for Undocumented Immigrants," offering critical perspectives on this highly charged topic.¹ The authors address ethical issues surrounding the care of UI, including the duty to respect confidentiality, law enforcement, limitations to the delivery of care, and medical repatriation. The authors make a clear and well-supported argument that UI treatment should align with the patient's medical needs, not based on immigration status. Shortcomings in access to primary or specialty care means that patients treated in the ED may require chronic or ongoing care that extends beyond the chief complaint expressed for that particular visit; for example, provision of chronic care such as hemodialysis in the ED is often commonplace for UI.³ The primary role of the ED is to provide appropriate, episodic treatments and interventions for acute conditions, but EDs must also meet the needs of patients with chronic conditions (ie, no shoes, no shirt, no problem). This approach is not unique to UI, and it may be reasonable and beneficial to modify the typical ED practice to accommodate the needs and reduce barriers to care for all vulnerable individuals in our communities. Brenner et al also highlight controversial areas with no clear best answers; for example, although institutions may pursue medical repatriation where available medical resources cannot match clinical needs, this action potentially violates the principles of respect and beneficence. Brenner et al underscore that we are bound ethically, morally, and legally to treat and stabilize all emergency patients without regard to immigration status.

The opinions expressed by Brenner et al do not necessarily represent the opinions or position of *JACEP Open*. However, we believe that it is the journal's responsibility to shine the spotlight on areas where

there are notable knowledge, practice, or policy gaps. As once written by Benjamin Franklin, "That the Opinions of Men are almost as various as their Faces; an Observation general enough to become a common Proverb, 'So many Men so many Minds.'"³ We recognize and expect that this discussion of undocumented immigrant care will trigger a wide range of viewpoints and reactions. We believe that opening the dialog is an important first step toward aligning our values and clinical practice in this controversial aspect of emergency care.

CONFLICTS OF INTEREST

Authors are editors of the *Journal of American College of Emergency Physicians Open* but report no financial conflict of interest.

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